

Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at http://about.jstor.org/participate-jstor/individuals/early-journal-content.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

processes, an essential requirement, nothing must be neglected—nothing left to chance.

The infection of scarlet fever is very insidious, very long lived, and only fairly resistant. It must be thoroughly reached in order to be destroyed, but it is believed that the application of any one of the methods given above, or any combination of the methods, will result in thorough destruction of the infection if care is exercised in discriminating as to the time when the disinfecting process is employed. This should not be before the desquamation of the patient is complete, and even after the desquamatory process is apparently completed, care should be exercised as to frequent bathing of the patient, and the application of the oily or greasy substances made mention of above.

In this, as in all other processes connected with disinfection or protection against infectious and contagious diseases, almost as much will depend upon the judgment of the health officer or attending physician

as upon the method.

Smallpox in Buffalo, N. Y.

Buffalo, N. Y., December 4, 1901.

SIR: I have the honor to state for your information that the local health authorities report verbally that, since my last letter on the subject, there have occurred 39 cases of variola, making in all 64 cases and 2 deaths in connection with the recent outbreak in the eastern part of the city. The disease is of mild character, and the authorities are finding much difficulty in learning of cases, since parents are disposed to screen their children from the demands of isolation when ill, and continue to send others that have been exposed to the public schools. It has become impossible to care for all cases in the isolation hospital, since the present building is so limited in capacity and so much out of repair. Isolation is, therefore, practiced so far as may be in the homes of the patients, or in tents placed upon the premises. Disinfection is freely practiced and vaccination stations have been opened at convenient locations, which measures are expected to result in an early improvement of the situation.

Respectfully,

EUGENE WASDIN, Surgeon, U. S. M. H. S.

Smallpox in Tacoma, Wash.

TACOMA, WASH., November 26, 1901.

SIR: I have the honor to report to you that since reporting to you on November 6, that this port was free from smallpox, there have been 4 new cases in this city, all of which have come from outside places, viz, Sister of charity, November 19, from Oregon; tramp, November 13, from Seattle, Wash.; tramp, November 21, from Montana; laborer, November 23, from Seattle, Wash. There are several cases outside of city limits which are taken care of by the county authorities. All of the above cases are of the usual mild type.

Respectfully,

T. J. Schug,

Acting Assistant Surgeon, U.S. M. H.S.